

APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT

(You must type or print plainly)

I, _____ (Your Name & business)
Address _____ Phone # _____

Do hereby file this sworn statement for an arrest warrant for _____
The original check and copy of the required demand letter and green card (or returned letter) are attached.
Address where the check was received by victim _____
Name of the bank the check was written on _____

Please mark one response below (X) or answer in the space provided, to each question.

YES NO

- ____ Is the dishonored check attached?
____ Is the returned letter attached?
____ Is the certified letter receipt (green card) attached?
____ Date the certified, return receipt, demand letter was mailed.
____ Is the above date within 90 days of date the check being returned to you?
____ If not, why? _____
____ Are the address on demand letter/envelope and the check exactly the same?
____ If not, why? _____
____ Was the check presented to the bank within 30 days of your receiving it?
____ Did you require and document identification on the check?
____ Did the person receiving the check know the maker of the check?
____ Is the person receiving the check able to identify the maker of the check?
____ Did the person receiving the check, initial the check?
____ Did the maker of the check (a) date the check and/or (b) sign the check in the presence of the person receiving the check?
____ Date check was given to Payee (victim) _____
____ Date written on the check by the maker _____
____ Check was given for (mark one) ____ rent ____ wages ____ debt
____ State taxes ____ child support ____ loan
____ Account ____ Cash
____ merchandise, describe _____
____ Service(s), describe _____
____ Other, describe _____
____ Did the Payee (victim) give the merchandise/service/other, at the same time the check was give? If not, when? _____
____ Was there any response from the maker of the check when contacted (i.e., did he / she write or call or come in or make a partial payment)? If yes, what was said or done?

Why was the check returned?

____ Closed Account

____ Insufficient Funds

____ No Account

____ Other

____ Stop Payment

Did the customer request that the check be held for:

____ 0 – 1 day

____ 2 – 3 days

____ 3 – 7 days

____ NO Request

____ over 7 days

* * * * *

Sworn to and subscribed before me, this the _____ day of _____, 20____.

Judge / Clerk of Gilmer County
Magistrate Court
Warrant No. _____

Prosecutor / Affiant

APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT
(You must type or print)

I, _____ (Your Name (+ business))

_____ (ADDRESS) _____ (TELEPHONE)

DO HEREBY FILE THIS SWORN STATEMENT FOR AN ARREST WARRANT FOR

ORIGINAL CHECK AND COPY OF REQUIRED DEMAND LETTER ARE
ATTACHED.

ADDRESS WHERE CHECK WAS RECEIVED BY PAYEE (VICTIM): _____

NAME OF BANK _____

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PLEASE MARK ONE RESPONSE BELOW (X) OR ANSWER IN SPACE PROVIDED

YES _____ NO _____

_____ DISHONORED CHECK ATTACHED?

_____ RETURNED LETTER

_____ CERTIFIED LETTER RECEIPT (GREEN CARD)

_____ DATE CERTIFIED OR REGISTERED DEMAND LETTER MAILED

_____ IS ABOVE DATE WITHIN 90 DAYS OF DATE CHECK RETURNED

TO YOU? IF NOT, WHY NOT? _____

_____ ARE ADDRESS ON DEMAND LETTER/ENVELOPE AND CHECK

EXACTLY SAME? IF NOT, WHY? _____

_____ WAS CHECK PRESENTED TO BANK WITHIN 30 DAYS OF YOUR

RECEIPT?

_____ DID YOU REQUIRE AND DOCUMENT IDENTIFICATION UPON
CHECK?

_____ DID THE PERSON RECEIVING CHECK KNOW THE MAKER OF
THE CHECK?

_____ IS THE PERSON RECEIVING THE CHECK ABLE TO IDENTIFY THE
MAKER OF THE CHECK?

_____ IS THE PERSON RECEIVING CHECK FROM MAKER INITIAL THE
CHECK?

_____ DID THE PERSON WHO GAVE THE CHECK (A) DATE CHECK
AND/OR (B) SIGN THE CHECK IN THE PRESENCE OF PERSON ACCEPTING
CHECK?

DATE CHECK WAS GIVEN TO PAYEE (VICTIM): _____

DATE WRITTEN ON CHECK BY MAKER: _____

CHECK WAS GIVEN FOR (MARK ONE) RENT _____,

WAGES _____, DEBT _____, STATE TAXES _____, CHILD SUPPORT

_____ LOAN _____, ACCOUNT _____, CASH _____,

MERCHANDISE _____ DESCRIBE: _____

SERVICE (S) _____ DESCRIBE _____

OTHER _____ DESCRIBE _____

_____ DID THE PAYEE GIVE THE MERCHANDISE/SERVICE/OTHER AT
THE SAME TIME CHECK WAS GIVEN? IF NO WHEN? _____

_____ WAS THERE ANY RESPONSE FROM MAKER OF CHECK WHEN
CONTACTED (i.e. DID HE/SHE WRITE/CALL/COME IN/MAKE PARTIAL
PAYMENT)? IF YES WHAT WAS SAID AND/OR DONE?

WHY WAS THE CHECK RETURNED? INSUFFICIENT FUNDS _____

OTHER _____ NO ACCOUNT _____ ACCOUNT CLOSED _____ STOP
PAYMENT _____

AT CUSTOMER'S REQUEST, CHECK WAS HELD FOR: NO

REQUEST _____ 0-1 DAYS _____ 2-3 DAYS _____ 3-7 DAYS _____ OVER 7

DAYS _____

+++++

SWORN TO AND SUBSCRIBED BEFORE ME

THIS THE _____ DAY OF _____

CLERK

PROSECUTOR'S SIGNATURE

(NOTE ADDITIONAL TESTIMONY ON THE BACK)